

11 Beneficiary Customer / Organisation																									
Name:																									
Occupation, Business or Principal Activity:																									

Business Address: (Physical and PO Box)																									
PO Box:																									
Country:																									
Phone:																									

Residential Address: (Cannot be a PO Box)																									
Country:																									
Phone:																									

12 Beneficiary Customer Account Details																									
Account Title / Name:																									
Account Number:																									
Account Type:																									
Branch / Office / Agency:																									
Financial Institution:																									

13 Person Identified to Receive Payment																									
Full Name:																									
Position Within Organisation:																									

PART C - ADDITIONAL PAYMENT DETAILS

14 Details of payment <i>Swift Format Only</i>																									

15 Sender to Receiver Information <i>Swift Format Only</i>																									

16 Additional Information (Include Intermediary Bank Details, Related Reference Number, Ordering and Beneficiary Institutions) <i>Swift Format Only</i>																									

17 Receiver's Correspondent <i>Swift Format Only</i>																									
BIC:																									
or Name of Financial Institution:																									
City:																									
Country:																									

18 Sender's Correspondent <i>Swift Format Only</i>																									
BIC:																									
or Name of Financial Institution:																									
City:																									
Country:																									

FIJI FINANCIAL INTELLIGENCE UNIT USE ONLY

Report Number:																				
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Authorisation:	
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Comments:	
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